## MILITARY DISCHARGE CERTIFICATE RELEASE FORM

State of Montana )
: ss. County of Glacier)
I,, swear, depose, and state upon my oath, that am entitled to disclosure of the Military Discharge Certificate of:
(Name of Service Member of the United States Military)
recorded in the office of the Glacier County Clerk and Recorder.
Military Separation Date:
Further, that pursuant to Montana Law, I qualify to obtain information from, or, a copy of the Military Discharge Certificate as:
The Service Member who filed the certificate.
The next of kin of the service member (if the service member is deceased).
A Mortuary, as defined in 10-2-11 MCA, for the purpose of securing burial benefits.
A Veteran's Service Office or a Veterans' Service Organization, as defined in 10-2-111, MCA.
The Veteran's Affairs Division of the Montana Department of Military Affairs.
A person with written authorization from the service member or from the next of kin, if the service member is deceased.
Signature
Today's Date
Office Signature

MilitaryRelease(DD214)